DLN: 93493133030881

Form 990

Department of the Treasury

Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2010

OMB No 1545-0047

Den to Public

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

E Telepi (217 G Gross  Is this a group return  Are all affiliates ind If "No," attach Group exempti ar of formation 200 comote and adva	receipts for affiliate cluded? a list ion nui	tumber -1800 s \$ 305,805  tes? Yes No Yes No (see instructions)
Is this a group return  Are all affiliates inc  If "No," attach  Group exempti  ar of formation 200  comote and adva  is, individual res  f Illinois to prom	receipts for affiliate cluded? a list ion nui	s \$ 305,805  tes? Yes No Yes No (see instructions) mber ►
G Gross  Is this a group return  Are all affiliates inc  If "No," attach  Group exempti  ar of formation 200  comote and adva  is, individual res  f Illinois to prom	receipts  for affiliate  cluded?  a list  ion nui  09 M  nce so ponsil	s \$ 305,805  tes? Yes Vo  Yes No  (see instructions)  mber ►
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Are all affiliates ind If "No," attach Group exempti ar of formation 200 comote and adva cs, individual res f Illinois to prom	a list ion nui  09 M	Yes   No (see instructions) mber ►   State of legal domicile IL
Are all affiliates ind If "No," attach Group exempti ar of formation 200 comote and adva cs, individual res f Illinois to prom	a list ion nui  09 M	Yes   No (see instructions) mber ►   State of legal domicile IL
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s, individual res f Illinois to prom	ponsil	:holarly research and
		bility, and limited nd advance scholarly dual responsibility,
than 25% of its	net as	sets
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[	4	
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	6	
	7a	(
	7b	
Prior Year		Current Year
		305,805
		(
		(
	_	(
		305,80
		(
		(
		54,487
		200
		39,925
		94,612
	<u></u>	211,193
ainning of Curre		End of Vac-
ginning of Currei Year		End of Year
_		242,568
Year	123	
		4 5 6 7a 7b

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . . . . .

Form	990 (2	010)	Page <b>2</b>
Par	t III	Statement of Program Service Accomplishments Check of Schedule O contains a response to any question in this Part III	<del>.</del>
1	Briefl	describe the organization's mission	
2	the pr	e organization undertake any significant program services during the year which were not listed on or Form 990 or 990-EZ?	┌ Yes ┌ No
_		," describe these new services on Schedule O	
3	servic	e organization cease conducting, or make significant changes in how it conducts, any program es?	┌ Yes ┌ No
	If "Ye	," describe these changes on Schedule O	
4	Section	be the exempt purpose achievements for each of the organization's three largest program services to n 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the arctions to others, the total expenses, and revenue, if any, for each program service reported	
4a	(Code	) (Expenses \$ 500 including grants of \$ 500 ) (Revenue \$	)
	UIUC	aw School support of Wallace Kaufman as a guest speaker with assistance from the University of Illinois Foundation	
4b	(Code	) (Expenses \$ 4,188 including grants of \$ 4,188) (Revenue \$	)
	UIS Li	prary Studies course development and presented by Professor Kline with assistance from the University of Illinois Foundation	on
	(Code	) (Expenses \$ 500 including grants of \$ 500 ) (Revenue \$	)
	UIUC	Business School guest speaker program for CEO of Lilly Research Laboratories with assistance from the University of Illinois	Foundation
4d	Othe	r program services (Describe in Schedule O )	
	(Exp	enses \$ 46,200 including grants of \$ 46,200 ) (Revenue \$	)
4e	Tota	program service expenses►\$ 51,388	
			Form <b>990</b> (2010)

## Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		Νο
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If</i> " <i>Yes</i> ," <i>complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		Νο
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,</i> " complete <i>Schedule F, Parts I and IV</i>	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		N o
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νο
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	The Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Νο
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		Νο
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νο
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νo
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νo
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a		Νo
Ь	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		Νo
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,  Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νο
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Νο
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes V No	-		_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

			V	- N
	Entantha number venerated in Bay 3 of Form 1006. Entant Outlinet anniversal a		Yes	N
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 5			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10	163	
	Statements filed for the calendar year ending with or within the year covered by this return			
)	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		N
)	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
)	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		l l
,	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		١
:	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a	Yes	
)	organization solicit any contributions that were not tax deductible?			
	were not tax deductible?	6b	Yes	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		1
	services provided to the payor?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	76		
	file Form 8282?	7c		1
ł	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		1
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
J	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
1	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
	Sponsoring organizations maintaining donor advised funds.	8		<u> </u>
3	Did the organization make any taxable distributions under section 4966?	9a		
)	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		١
	Section 501(c)(7) organizations. Enter			
3	Initiation fees and capital contributions included on Part VIII, line 12 10a			
)	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
3	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
)	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand			
_	1 174 1		i	ı
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<sub>N</sub>

Form 990 (2010) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for Part VI a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI . Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax 1a 8 Enter the number of voting members included in line 1a, above, who are 7 1h Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Νo Did the organization delegate control over management duties customarily performed by or under the direct 3 Nο supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Νo 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? •• Nο 6 6 Nο Does the organization have members, stockholders, or other persons who may elect one or more members of the 7a Nο Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . 7b Nο Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? . . Yes 8a Each committee with authority to act on behalf of the governing body? . . . . . . . . . 8Ь Yes Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Nο organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . . Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		Νο
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
Ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Νo
b	Other officers or key employees of the organization	15b		Νo
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	skies C. Dieslessus	TOD		

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed ►IL
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website V Upon request
  - Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of
- interest policy, and financial statements available to the public. See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 Dr MATTHEW BROWN 528 East GREEN STREET Suite 202

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organiz	ation nor any re	lated or	ganı	zatio	n co	mpen	sate	d any current office	er, director, or trust	ee
(A) Name and Title	(B) A verage hours	Posi t	(( tion ( hat a	(che		II		(D) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) Dr MATTHEW BROWN PRESIDENT CEO	40 00	х		х	х	Х		46,667	0	0
(2) Dr STEPHEN H BALCH DIRECTOR	1 00	х						0	0	0
(3) THOMAS O'LAUGHLIN SECRETARY	1 00	х		х				0	0	0
(4) GEORGE SHAPLAND DIRECTOR	1 00	х						0	0	0
(5) Dr JON SOLOMON DIRECTOR	1 00	х						0	0	0
(6) WILLIAM STURDEVANT DIRECTOR	1 00	х						0	0	0
(7) JAMES VERMETTE CHAIRMAN	1 00	х		х				0	0	0
(8) ROGER YARBROUGH DIRECTOR	1 00	Х						0	0	0

\$100,000 in compensation from the organization 🕨

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	<b>(A)</b> Name and Title	(B) Average hours per		(tion that a			II		( <b>D)</b> Reportable compensation from the	(E) Reportable compensation from related	n	(F) Estima amount o compens	ated fother
		week (describe hours for related organizations in Schedule O)								from organizat relat organiza	the ion and ed		
_													
Ь	Sub-Total					٠.		<b>P</b>					
С	Total from continuation shee						<b>þ</b> -						
1	Total (add lines 1b and 1c) .							►	46,667				
	Total number of individuals (in \$100,000 in reportable comp					ted	above	) who	received more t	nan	•		Γ
	Did the organization list any for on line 1a? If "Yes," complete 5	•				eye •	mploy •	ee, c	r highest comper	nsated employee	3	Yes	No No
	For any individual listed on lin organization and related organ individual										4		No
	Did any person listed on line 1 services rendered to the organ									or individual for	5		No
Se	ction B. Independent Co	ntractors											
	Complete this table for your fi	ve highest compei		ındep	ende	ent d	ontra	tors	that received mo	ore than			
	\$100,000 of compensation fro	(A) lame and business ad							De:	(B) scription of services		(C Comper	
_													

ATTT	Statement of Revenue	1		/e. 1		<b>/=</b> :
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513
2 1a	Federated campaigns 1a	()				or 514
la b c d e f	Membership dues 1b					
	Fundraising events 1c					
;   d	Related organizations 1d					
[	Government grants (contributions) 1e					
e	-	305,805				
[ f	All other contributions, gifts, grants, and similar amounts not included above					
; g	Noncash contributions included in lines 1a-1f \$					
!   <u>.</u>	Total. Add lines 1a-1f	▶	305,805			
· "	Iotal. Add illies 1a-11					
		Business Code				
2a						
b						
C						
d						
e						
f	All other program service revenue					
g	Total. Add lines 2a-2f					
3	Investment income (including dividends, inte					
	and other similar amounts)	▶				
4	Income from investment of tax-exempt bond proceeds	▶				
5	Royalties	▶ [				
	(ı) Real	(11) Personal				
6a	Gross Rents					
b	Less rental expenses					
c	Rental income					
d	or (loss)  Net rental income or (loss)	<del>\</del> ▶				
	(i) Securities	(II) O ther				
7a	Gross amount					
	from sales of assets other					
b	than inventory Less cost or					
	other basis and sales expenses					
c	Gain or (loss)					
d	Net gain or (loss)					
8a	Gross income from fundraising events					
	(not including					
	\$ of contributions reported on line 1c)					
	See Part IV, line 18					
١.	a					
	Less direct expenses b	•				
	Net income or (loss) from fundraising events  Gross income from gaming activities. See					
"	Part IV, line 19 . a					
Ь	Less direct					
	expenses					
c	Net income or (loss) from gaming activities					
-	Gross sales of inventory, less					
	returns and allowances .					
.	a	<u> </u>				
	Less cost of goods sold <b>b</b>	<b>-</b>				
<u> </u>	Net income or (loss) from sales of inventory  Miscellaneous Revenue	Business Code				
11a		Dusiliess Code				
	<del></del>					
b						<u> </u>
°						
- 1		i I		1		
	All other revenue					

# Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) orga

Α	Il other organizations must complete column (A) but are not required to c		ns (B), (C), and		
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0		1	
5	Compensation of current officers, directors, trustees, and key employees	46,667			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	0			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	1,298			
10	Payroll taxes	6,522			
	Fees for services (non-employees) Management	0			
ь	Legal	11,647			
с	Accounting	130			
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	200			
f	Investment management fees	0			
g	Other	6,891			
9 12	Advertising and promotion	0,031			
13	Office expenses	1,723			
14	Information technology	0			
15	Royalties	0			
16	·	3,964			
17	Occupancy	3,367			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	3,207			
19	Conferences, conventions, and meetings	803			
20	Interest	0			
21	Payments to affiliates	0		<del>                                     </del>	
22	Depreciation, depletion, and amortization	2,566		2,566	
23	Insurance	4,637		2,300	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)	7,037			
а	PRINTING, PUBLICATIONS, POSTAGE SHIPPING	1,414			
b	EQ RENT, PHONE, BANK CHARGS, DUES PUBS	2,228			
c	MEALS	655			
d					
e					
f	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24f	94,612	0	2,566	
26	Joint costs. Check here ► ☐ If following  SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	31,022		2,550	

Part X Balance Sheet (A) (B) Beginning of year End of year 30.423 114,843 1 1 2 2 3 3 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . . 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Assets 6 7 8 8 Prepaid expenses and deferred charges . . . . . 9 10a Land, buildings, and equipment cost or other basis Complete Part 2,566 10a VI of Schedule D 10b 2,566 ь Less accumulated depreciation . . . . . 10c 11 11 12 12 Investments—other securities See Part IV, line 11 . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 127,725 15 30,423 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 16 242,568 17 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . . 25 Other liabilities Complete Part X of Schedule D . . . . . 25 26 **Total liabilities.** Add lines 17 through 25 . . . . 26 Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets . . . . 27 28 28 Temporarily restricted net assets . . . . . Fund 29 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here 🕨 🥅 and complete lines 30 through 34. 5 30 Capital stock or trust principal, or current funds . . . . . 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 30,423 32 32 242,568 Retained earnings, endowment, accumulated income, or other funds ĕ 30,423 33 33 242,568 Total net assets or fund balances . . . . 34 Total liabilities and net assets/fund balances . . . . . 30,423 242,568 34

orm	990	(20	10)

Page 14	Ρ	а	g	е	1	2
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Par	Reconcillation of Net Assets  Check if Schedule O contains a response to any question in this Part XI			. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3	305,805
2	Total expenses (must equal Part IX, column (A), line 25)	2			94,612
3	Revenue less expenses Subtract line 2 from line 1	3		2	211,193
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			30,423
5	Other changes in net assets or fund balances (explain in Schedule O)	5			952
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		2	242,568
Pai	t XII Financial Statements and Reporting				
_	Check if Schedule O contains a response to any question in this Part XII			୮	
				Yes	No
1	Accounting method used to prepare the Form 990  Cash  Accrual  Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	
b	Were the organization's financial statements audited by an independent accountant?		2b		Νο
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	sued			
	Separate basis Consolidated basis Both consolidated and separated basis				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b		

**Employer identification number** 

### SCHEDULE A

Name of the organization

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

h

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

2010

Open to Public Inspection

The ACADEMY on CAPITALISM and LIMITED GOVERNMENT FDN 94-3463771 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h **b** Type II c Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) No 11g(i) and (III) below, the governing body of the the supported organization? Nο (ii) a family member of a person described in (i) above? 11g(ii) Nο (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Νo

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see	(iv)  Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi)  Is the organization in col (i) organized in the US?		(vii) A mount of support
		instructions))	Yes	No	Yes	No	Yes	No	
(A) UNIVERSITY of ILLINOIS FDN	376006007	5	Yes		Yes		Yes		0
Total									

Provide the following information about the supported organization(s)

# Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1) (A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	action A Public Support	organización i	and to quality t	maci the tests	noted below, pi	case complete	r ditt III. j
	ection A. Public Support	1	1	1			
Cale	endar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	<b>(e)</b> 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual	1					
_	grants ")	-					
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its	1					
_	behalf		1	+	+		
3	The value of services or facilities	1					
	furnished by a governmental unit to						
_	the organization without charge			+			
4	<b>Total.</b> Add lines 1 through 3	<u> </u>		<u> </u>	+		<del>                                     </del>
5	The portion of total contributions by						
	each person (other than a	1					
	governmental unit or publicly	1					
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public Support. Subtract line 5 from			1			
U	line 4						
54	ection B. Total Support	1	1	1	1	1	1
	endar year (or fiscal year beginning				1		
Care	in)	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4						<del>                                     </del>
-							
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
0	Net income from unrelated						<del>                                     </del>
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part IV )						
11	Total support (Add lines 7						
	through 10)						
12	= -	es, etc (See insti	ructions )			12	
	·		•	thind farmer	fifth tour was a second		.antion
13	First Five Years If the Form 990 is to	for the organization	on s first, second	, tnira, fourth, or	nith tax year as a	SUI(C)(3) organ	ization,
	check this box and <b>stop here</b>						F1
	ection C. Computation of Pub	lic Sunnart D	arcantaca				
<u></u>	-			11 column (6)			
14	Public Support Percentage for 2010			TT COLUMN (I))		14	0 %
15	Public Support Percentage for 2009	Schedule A, Par	t II, line 14			15	
16a	33 1/3% support test-2010. If the	organization did	not check the bo	x on line 13. and	line 14 is 33 1/3%	or more. check	this box
	and <b>stop here.</b> The organization qua				= 1.13 00 1/3/1		<b>▶</b> □
ь	33 1/3% support test—2009. If the	·			5a, and line 15 is 3	3 3 1/3% or more	
_	box and <b>stop here.</b> The organization	-			,	,	<b>▶</b> □
17a	10%-facts-and-circumstances test-	•		-	ne 13, 16a, or 16l	and line 14	,
	is 10% or more, and if the organizat						
	in Part IV how the organization mee					-	
	organization			J			<b>▶</b> ┌
ь	10%-facts-and-circumstances test-	<b>–2009.</b> If the orga	anızatıon dıd not e	check a box on lii	ne 13, 16a, 16b, c	or 17a and line	
	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat	tion meets the "fa	acts and circums	tances" test The	e organization qual	lifies as a public	
	supported organization						<b>▶</b> □
18	Private Foundation If the organizati	on did not check	a box on line 13,	16a, 16b, 17a o	or 17b, check this	box and see	_
	instructions						<b>▶</b> □

Schedule A (Form 990 or 990-EZ) 2010 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) **Section A. Public Support** Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (d) 2009 (e) 2010 (f) Total (c) 2008 ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capıtal assets (Explaın ın Part IV) 13 Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) 15 15 0 % Public support percentage from 2009 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f)) 17 **17** 0 %

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
 b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
 20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Investment income percentage from 2009 Schedule A, Part III, line 17

18

18

Schedule A (Fo	rm 990 or 990-EZ) 2010
Part IV	Supplemental Infor
	required by Part II, lin

Page **4** ions

Supplemental Information. Supplemental Information. Complete this part to provide the expl	anation
required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part	for any
additional information. (See instructions).	

<b>Facts And Circumstances</b>	Test

Schedule A (Form 990 or 990-EZ) 2010

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493133030881

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

	the organization		Emp	loyer identific	cation numbe	er
ne ACADE	EMY on CAPITALISM and LIMITED GOVERNMENT FDN	94-3	3463771			
art I	Organizations Maintaining Donor Ac				s. Comple	te ıf th
	organization answered "Yes" to Form 99		1 .	h) Cunda and		
T - 4 -	I mumber at and of user	(a) Donor advised funds	,	<b>b)</b> Funds and	otner accou	nts
	I number at end of year					
	regate contributions to (during year)					
	regate grants from (during year)					
Aggr	egate value at end of year					
	the organization inform all donors and donor advi s are the organization's property, subject to the o	_	onor advı	sed	☐ Yes	┌ No
used	the organization inform all grantees, donors, and d only for charitable purposes and not for the ben		•		☐ Yes	□No
rt II	Consorvation Easements Complete	if the organization answered "Ves"	to Form	000 Dart 1		, 110
			to roili	1 330, Pait .	iv, iiie 7.	
_ `	pose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreati	,	an histori	cally importa	ntly land are	3
_	Protection of natural habitat	Preservation of				<b>~</b>
_	Preservation of open space	,			· - <del> · •</del>	
·	·		ć			
	nplete lines 2a-2d if the organization held a quali ement on the last day of the tax year	fied conservation contribution in the for	m or a co	nservation		
				Held at th	e End of the	Year
Tota	ıl number of conservation easements		2a			
	il acreage restricted by conservation easements		2b			
	nber of conservation easements on a certified his	toric structure included in (a)	2c			
	nber of conservation easements included in (c) ac		2d			
	nber of conservation easements modified, transfe	rred, released, extinguished, or termina	itea by th	e organizatio	n auring	
the t	taxable year 🗠					
Num	nber of states where property subject to conserva	ation easement is located ►				
	s the organization have a written policy regarding reement of the conservation easements it holds?		ındlıng of	violations, ar	nd <b>┌ Yes</b>	┌ No
Staf	fand volunteer hours devoted to monitoring, insp	ecting and enforcing conservation ease	ements du	uring the year	<b>*</b>	
A mo	ount of expenses incurred in monitoring, inspectir	ng, and enforcing conservation easemer	nts during	the year ► \$		
	s each conservation easement reported on line 2 (h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of s	ection		☐ Yes	┌ No
bala	art XIV, describe how the organization reports concessheet, and include, if applicable, the text of torganization's accounting for conservation easem	he footnote to the organization's financi				
rt III	Organizations Maintaining Collectio Complete if the organization answered "		, or Oth	ner Similaı	Assets.	
art,	e organization elected, as permitted under SFAS historical treasures, or other similar assets held ide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or resea	arch in fui			е,
histo	e organization elected, as permitted under SFAS orical treasures, or other similar assets held for p ride the following amounts relating to these items	oublic exhibition, education, or research				
(i) <sub>F</sub>	Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		
(ii) <sub>/</sub>	Assets included in Form 990, Part X			<b>►</b> \$		
	e organization received or held works of art, histo wing amounts required to be reported under SFAS	•	for financ	cial gain, prov	vide the	
Reve	enues included in Form 990, Part VIII, line 1			<b>►</b> \$		
Ass	ets included in Form 990, Part X			<b>►</b> \$		

Part	Organizations Maintaining Co	llections of Art	, His	tori	cal Tı	easur	es, or O	the	r Similar As	sets	(con	tınued)
3	Using the organization's accession and other items (check all that apply)	records, check any	of th	ie foll					se of its collec	tion		
а	Public exhibition		d		Loan	orexcha	ange progi	ams				
b	Scholarly research		e	Γ	Other	r						
c	Preservation for future generations											
4	Provide a description of the organization's co Part XIV	llections and explai	ın hov	v the	y furthe	er the or	ganızatıor	ı's ex	empt purpose	ın		
5	During the year, did the organization solicit o assets to be sold to raise funds rather than to									┌ Ye	s [	- No
Par	t IV Escrow and Custodial Arrange						answere	d "Ye	es" to Form 9	990,		
	Part IV, line 9, or reported an am											
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					itions or	other ass	ets n		┌ Yes	s [	No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the f	follow	ing t	able		Г		Λn	nount		
_	Regioning halance						-	1c		ilount		
c c	Beginning balance						-					
d	Additions during the year						-	1d				
e •	Distributions during the year						-	1e				
f	Ending balance						L	1f		_		
2a	Did the organization include an amount on Fo		21?							Г Ye	5	√ No
b	If "Yes," explain the arrangement in Part XIV				1 1137							
Pa	t V Endowment Funds. Complete i	the organization (a)Current Year		were Prior `			orm 990, Years Back	_	Three Years Back	(e)For	ır Yea	rs Back
1a	Beginning of year balance	(a) carrent rear	(-)	,,,,,,,,,		(6)	Tours buck	(4)	The rears back	(0). 0		15 Back
ь	Contributions											
c	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the year	r end balance held a	ıs									
а	Board designated or quasi-endowment 🕨											
ь	Permanent endowment											
с	Term endowment ▶											
3a	Are there endowment funds not in the posses organization by	ssion of the organiza	ation 1	that a	are held	d and ad	mınıstere	d for t	the	Y	es	No
	(i) unrelated organizations			•					3a		$\bot$	
_	(ii) related organizations								3a(			
	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the							•	3	b		
4						00 00"	rt V Juno	10				
Pal	t VI Investments—Land, Buildings	, and Equipmen	III. 3						(-) (			
	Description of investment				a) Cost o	estment)	(b)Cost or basis (ot		(c) Accumulate depreciation		<b>d)</b> Boo	k value
1a	and			$\vdash$								
	Buildings		•	$\perp$			ļ					
С	_easehold improvements		•				ļ					
	Equipment		•	$\perp$			ļ	2,566	2	,566		
	Other								<u> </u>	$\perp$		
Tota	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	rm 990, Part X, colum	าn (B)	, line	10(c).)				► Schedule I			

(a) Description of security or category	(b)Book value	(c) Method o	
(Including name of security) (1)Financial derivatives		Cost or end-of-ye	ar market value
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	<b>+</b>		
Part VIII Investments—Program Related. S	ee Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Method o	
		Cost or end-of-ye	ar market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )	<b>*</b>		
Part IX Other Assets. See Form 990, Part X,			
(a) Desci			(b) Book value
(1) UNDEPOSITED RECEIPTS ON 12/31/2010 DEPOS			124,725
(2) UNDEPOSITED RECEIPTS ON 12/31/2010 DEPOS	ITED on 01/04/2011		3,000
_			
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15.)		127,725
Part X Other Liabilities. See Form 990, Part			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
	1	1	
Total (Column (b) should aqual Form 2002 20 d V1/2) for 25 )	_		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	•		

	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	2	305,805
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	94,612
3	Excess or (deficit) for the year Subtract line 2 from line 1	2	211,193
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	,	9	
	Total adjustments (net) Add lines 4 - 8		211 102
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9  EXII Reconciliation of Revenue per Audited Financial Statements With Revenue per Audited Financial Statements.	10	211,193
1	<u> </u>	1	
	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Retu	rn
1	Total expenses and losses per audited financial	1	
,	statements	-	
2			
a	Donated services and use of facilities	-	
b	Prior year adjustments	-	
с	Other losses	-	
d	Other (Describe in Part XIV)	┥ <u> </u>	
e	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	1	
b	Other (Describe in Part XIV)	-	
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
Par	t XIV Supplemental Information		

Ident if ier

additional information

Return Reference | Explanation

**NonCash Contributions** 

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

Name of the organization
The ACADEMY on CARITALISM and LIMITED GOVERNMENT EDN

**Employer identification number** 

Part I Types of Property			-	94-3463771			
	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of determining of amounts		ontribut	ion
1 Art—Works of art			-9				
2 Art—Historical treasures							
3 Art—Fractional interests							
4 Books and publications							
5 Clothing and household							
oods							
<b>6</b> Cars and other vehicles .							
<b>7</b> Boats and planes							
8 Intellectual property							
9 Securities—Publicly traded							
.0 Securities—Closely held stock							
.1 Securities—Partnership, LLC, or trust interests							
.2 Securities—Miscellaneous							
L3 Qualified conservation contribution—Historic structures							
4 Qualified conservation contribution—Other							
<b>5</b> Real estate—Residential .							
<b>6</b> Real estate—Commercial							
<b>7</b> Real estate—Other							
8 Collectibles							
9 Food inventory							
O Drugs and medical supplies							
<b>1</b> Taxıdermy							
2 Historical artifacts							
3 Scientific specimens							
4 Archeological artifacts .							
<b>5</b> Other ▶ ()							
<b>6</b> Other ▶()							
7 Other ►()							
8 Other ► ()							
Number of Forms 8283 received for which the organization comple				29			
						Yes	No
<b>30a</b> During the year, did the organizat	tion receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it			
must hold for at least three years	from the o	late of the initial contributi	on, and which is not require	d to be used			
for exempt purposes for the entire	e holdıng p	erıod <sup>?</sup>			30a		
<b>b</b> If "Yes," describe the arrangeme	nt ın Part I	I					
Does the organization have a gift	acceptano	e policy that requires the	review of any non-standard	contributions?	31		
Does the organization hire or use contributions?	third parti	es or related organizations	to solicit, process, or sell	non-cash	32a		
<ul> <li>b If "Yes," describe in Part II</li> <li>33 If the organization did not report describe in Part II</li> </ul>	revenues ı	n column (c) for a type of p	roperty for which column (a	) is checked,			

Page 2

#### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2010

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493133030881

OMB No 1545-0047

2010

Open to Public Inspection

### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization
The ACADEMY on CAPITALISM and LIMITED GOVERNMENT FDN

Employer identification number

94-3463771

ldentifier	Return Reference	Explanation
Form 990 Part I	11a	The 990 is prepared by an independent accounting office utilizing the books and records as compiled throughout the year by the Executive Director, CEO, staff and contributing parties. The 990 is available for review by members of the Academys governing board.

ldentifier Return Reference		Explanation		
Form 990 Part 19 Information regarding the Academy ca www accademyoncapitalism org		Information regarding the Academy can be found on-line at the Academys wieb site www accademyoncapitalism org		

ldentifier	Return Reference	Explanation			
Form 990 Part XI	5	Adjusting entry for prior year accumulated balances, increased 833, and contributions to the Illinois Charity Bureau Fund, 15,000, and the V Dale Cozad Entrepreneurial Scholar, 100			

ldentifier	Return Reference	Explanation			
Form 990 Part XI	11	The Academys governing board was presented a copy of the 990 at its next regular meeting after the filing date of the return since the dates did not mesh with preparation and timely filing			

Identifier Return Reference		Explanation			
Form 990 Part XI	19	According to the Academys operating procedures all public records will be made available on-line, at www academyoncapitalismorg, after the governing board has had an opportunity to meet and review the documents			

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493133030881

OMB No 1545-0172

Form 4562

Department of the Treasury

**Depreciation and Amortization** (Including Information on Listed Property)

► See separate instructions. Attach to your tax return. Sequence No 67

Internal Revenue Service (99) Name(s) shown on return Business or activity to which this form relates **Identifying number** The ACADEMY on CAPITALISM and LIMITED GOVERNMENT FDN 94-3463771 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 500,000 1 Maximum amount See the instructions for a higher limit for certain businesses 2 Total cost of section 179 property placed in service (see instructions) 2 2,566 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 2,000,000 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-4 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing 500,000 (b) Cost (business use 6 (c) Elected cost (a) Description of property only) 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions ) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 2,566 15 Property subject to section 168(f)(1) election . . . . . . . . . 15 **16** Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2010 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (a)Depreciation year placed in (business/investment (e) Convention (f) Method property period deduction service use only—see instructions) 19a 3-year property 050 200 DB **b** 5-year property МΟ **c** 7 - year property See Add'l Data d 10-year property e 15-year property **f** 20-year property g 25-year property 27 5 yrs ΜM S/L **h** Residential rental property 27 5 yrs MMS/L i Nonresidential real 39 yrs ММ property мм S/L Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System **20a** Class life S/L **b** 12-year S/L 12 yrs **c** 40-year 40 yrs MMS/L Part IV **Summary** (see instructions) 21 Listed property Enter amount from line 28 . . . . . . . . . . . . 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 2,566 and on the appropriate lines of your return Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

43 A mortization of costs that began before your 2010 tax year

44 Total. Add amounts in column (f) See the instructions for where to report

Form 4562 (2010) Page 2 Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes." is the evidence written? (c) (e) (i) Business/ (b) (d) (f) (g) (h) Basis for depreciation Elected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation/ section 179 (business/investment vehicles first) basis period Convention deduction service use use only) cost percentage 25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use % % 27 Property used 50% or less in a qualified business use S/L -% S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle 2 Vehicle 3 Vehicle 1 Vehicle 4 Vehicle 5 Vehicle 6 year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal(noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? . . . . . **36** Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? **40** Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . . . . . . . . . . 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions ) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (b) (e) (c) (d) (f) (a) Date A mortization A mortizable Code A mortization for Description of costs amortization period or amount section this year begins percentage 42 A mortization of costs that begins during your 2010 tax year (see instructions)

43

44

#### **Additional Data**

**Software ID:** 10000149

Software Version: 2010.2.15

**EIN:** 94-3463771

Name: The ACADEMY on CAPITALISM and LIMITED

**GOVERNMENT FDN** 

# Form 4562, Part III, Line 19, Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System:

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g)Depreciation deduction
	<b>c</b> 7 - year property			07 0	ΜQ	200 DB	
ı	<b>c</b> 7 - year property			07 0	ΜQ	200 DB	